
SAMPLE PERFORMANCE REPORT

Galveston Bay Plan Implementation

Agency/Entity _____

Reporting Period _____

Reporting Checklist

_____ Funds expended or in-kind services contributed for Galveston Bay Plan implementation this reporting period? (If so, please summarize and attach any details.)

_____ Personnel assigned to implementation activities this reporting period? (If so, please summarize and attach any details.)

Please attach a list of specific implementation activities completed and/or initiated this reporting period. Please indicate any which involved public outreach or involvement.

_____ Results or lessons to report at next State of the Bay symposium? (If so, please summarize and attach any details.)

_____ Problems encountered in implementation activities this reporting period? (If so, please summarize and attach any details.)

_____ Any new funding needs for implementation identified this reporting period? (If so, please summarize and attach any details.)

_____ Any new legislative/regulatory needs for implementation identified this reporting period? (If so, please summarize and attach any details.)

_____ Any new coordination needs for implementation identified this reporting period? (If so, please summarize and attach any details.)

_____ Any new research needs for implementation identified this reporting period? (If so, please summarize and attach any details.)

_____ Any other suggestions/recommendations for ongoing implementation of the Galveston Bay Plan?

_____ Specific action(s)/discussion needed from Galveston Bay Program or the Galveston Bay Council? (If so, please list individually and attach any details.)

Date Submitted

LIAISON for Galveston Bay
Plan Implementation

Liaison Title

Liaison Phone Number

Liaison Fax Number

Liaison Mailing Address
